

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

COVER PAGE

**FILED**

CALIFORNIA  
FORM

**460**

MAR 22 2010

CITY OF SANTA MARIA  
BY: *Trent Benedetti*  
City Clerk

Page 1 of 5

For Official Use Only

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee         |
| <input type="radio"/> State Candidate Election Committee                         | <input type="radio"/> Controlled   |
| <input type="radio"/> Recall   | <input type="radio"/> Sponsored  |
| (Also Complete Part 5)   |  |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee |
| <input type="radio"/> Sponsored  | (Also Complete Part 6)   |
| <input type="radio"/> Small Contributor Committee                                |  |
| <input type="radio"/> Political Party/Central Committee                          |  |

**3. Committee Information**

I.D. NUMBER

1227669

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Alice Patino for City Council

STREET ADDRESS (NO P.O. BOX)

2624 Airpark Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Maria, CA 93455

805-346-8407

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

805-346-8407

805-922-4881

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input checked="" type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**Treasurer(s)**

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2624 Airpark Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Maria, CA 93455

NAME OF ASSISTANT TREASURER, IF ANY

Trent Benedetti

MAILING ADDRESS

2151 S College Drive, Suite 101

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Maria, CA 93455

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 03-18-2010

Date

By Trent Benedetti  
Signature of Treasurer or Assistant Treasurer

Executed on 03-19-2010

Date

By Alice M. Patino  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_

Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_

Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE Alice Patino	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member City of Santa Maria	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 2624 Airpark Drive	CITY Santa Maria, CA 93455	STATE ZIP
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**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
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NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE	
Identify the controlling officeholder, candidate, or state measure proponent, if any.	
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER	

**7. Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

<b>CALIFORNIA FORM</b>	
<b>460</b>	
<b>Statement covers period</b>	
from <u>01/01/2010</u>	through <u>03/06/2010</u>
Page <u>3</u> of <u>5</u>	

## SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Alice Patino for City Council

## Contributions Received

**Column A**  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

1. Monetary Contributions .....
  2. Loans Received .....
  3. SUBTOTAL CASH CONTRIBUTIONS .....
  4. Nonmonetary Contributions .....
  5. TOTAL CONTRIBUTIONS RECEIVED .....
- Schedule A, Line 3 \$ 0.00  
 Schedule B, Line 3 \$ 0.00  
 Add Lines 1 + 2 \$ 0.00  
 Schedule C, Line 3 \$ 0.00  
 Add Lines 3 + 4 \$ 0.00

**Column B**  
CALENDAR YEAR  
TOTAL TO DATE

1. Monetary Contributions .....
  2. Loans Received .....
  3. SUBTOTAL CASH CONTRIBUTIONS .....
  4. Nonmonetary Contributions .....
  5. TOTAL CONTRIBUTIONS RECEIVED .....
- 1/1 through 6/30 7/1 to Date  
 Contributions Received \$ 0.00  
 Expenditures Made \$ 0.00

## Expenditures Made

6. Payments Made .....
  7. Loans Made .....
  8. SUBTOTAL CASH PAYMENTS .....
  9. Accrued Expenses (Unpaid Bills) .....
  10. Nonmonetary Adjustment .....
  11. TOTAL EXPENDITURES MADE .....
- Schedule E, Line 4 \$ 859.48  
 Schedule H, Line 3 \$ 0.00  
 Add Lines 6 + 7 \$ 859.48  
 Schedule F, Line 3 \$ 0.00  
 Schedule C, Line 3 \$ 0.00  
 Add Lines 8 + 9 + 10 \$ 859.48

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received \$ 0.00
21. Expenditures Made \$ 0.00

Date of Election  
(mm/dd/yy)  
/ / /

Total to Date  
/ / /

## Current Cash Statement

12. Beginning Cash Balance .....
  13. Cash Receipts .....
  14. Miscellaneous Increases to Cash .....
  15. Cash Payments .....
  16. ENDING CASH BALANCE .....
  17. LOAN GUARANTEES RECEIVED .....
- Previous Summary Page, Line 16 \$ 859.48  
 Column A, Line 3 above \$ 0.00  
 Schedule I, Line 4 \$ 0.00  
 Column A, Line 8 above \$ 859.48  
 \$ 0.00  
 Schedule B, Part 2 \$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

If this is a termination statement, Line 16 must be zero.

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....
  19. Outstanding Debts .....
- See instructions on reverse \$ 0.00  
 Add Line 2 + Line 9 in Column B above \$ 0.00

\*Amounts in this section may be different from amounts reported in Column B.

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF ELLER

## Schedule D Summary

- |   |                        |
|---|------------------------|
| 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) .....                | \$ ..... \$ 707.79     |
| 2. Unitemized contributions and independent expenditures made this period of under \$100 .....                                    | \$ ..... \$ 0.00       |
| <b>3. Total contributions and independent expenditures made this period (Add lines 1 and 2. Do not enter on the Summary Page)</b> | <b>TOTAL \$ 707.79</b> |

## Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

### SEE INSTRUCTIONS ON REVERSE

Name of FILER

Alice Patino for City Council

### CODES:

If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (If committee, also enter ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, CPA, Inc	PRO			151.69
2151 S College Drive, Suite 101 Santa Maria, CA 93456				
Patino 5th District Supervisor 2010 (#1319543)	TSF			707.79
2624 Airpark Drive Santa Maria, CA 93455				

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

CODE	DESCRIPTION OF PAYMENT	AMOUNT PAID

### Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.).....\$ 859.48
2. Unitemized payments made this period of under \$100 .....\$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....\$ 859.48